hended perfectly what he read. There was obliteration of the right naso-labial fold, and on showing his teeth the left fold became very marked and the left angle of the mouth was drawn to the left. During an effort to whistle there was puffiing of right cheek. The tongue deviated to the right. While unable to write words, he could put down figures with comparative ease. A diagnosis was made of blood-clot (probably extra-dural) pressing principally on the foot of third frontal (Broca's) convolution and the foot of the second frontal (probable centre for vomiting), impinging also on the face and tongue centres of left hemisphere. Symptoms of rapidly increasing brain pressure having set in, he was trephined an inch and a quarter behind the external angular process and the same distance above the base line. On opening the dura, a stream of dark blood forced itself through the superficial layer of the clot and spattered those standing two and three feet away. After removal of the clot he began immediately to improve, and in nine days from operation was discharged cured. A. F.

THE SIGNIFICANCE OF OCULAR SYMPTOMS IN BRAIN DISEASE.

C. A. Oliver, M.D. (Am. Jour. of the Med. Sciences, February, 1892) divides the special symptom-groupings into two kinds—the sensory and the motor—each of which expresses itself in two ways—the irritative and the degenerative. With proper and extended study of these four series, which he understands to be expressive of both sensory and motor changes in an apparatus extending through so vast an intra-cranial area, and with careful reasoning and accurate noting of the many changes constantly arising in the numerous combinations of their associated conditions and actions, much may be expected. In conclusion, he broadly asserts that when any part of this special sensory channel is irritated or inflamed, there may be hyperæsthesia, as shown by symptoms of increase of functional activity, such as phosphenes, etc., associated at times with coarse subjective changes in the fundus of the eye; but if it be lowered in vitality by any cause, anæsthesia will be present, as shown by decrease of physiological action, such as diminishing and actual loss of macular and circum-macular vision, which frequently may be connected with visible degenerative lesions in the ocular background. If there is motor involvement, both clonic and tonic spasms show themselves as the results of irritation, etc., while paresis and paralysis announce themselves if degeneration exists. A. F.

THERAPEUTICAL.

THE SURGICAL TREATMENT OF TRIGEMINAL NEURALGIA.

(British Medical Journal, February 6, 1892.) In concluding the course of Lettsomian Lectures, Mr. Rose maintained that he had demonstrated (1) that in severe cases of epileptiform neuralgia both medical and surgical treatment had hitherto been unavailing to give permanent relief; and (2) that extirpation of the Gasserian ganglion through the base of the skull, though admittedly a difficult undertaking, need not endanger life, and at present holds out the best prospect in dealing with the intractible forms of trigeminal tic. A. F.

DIETETICS OF EPILEPSY.

(Dietetic and Hygyiènic Gazette, March, 1892.) Mr. John Merson, M.A., M.D., records the results of a series of observations on twenty-four chronic epileptics, undertaken to determine the value of a nitrogenous and a farinaceous diet in the treatment of this disease. Twelve of the patients were put on nitrogenous and the other twelve on farinaceous food, and this arrangement was continued for four weeks. At the end of this time, those previously on nitrogenous diet were transferred to farinaceous, and those on farinaceous to nitrogenous. This was continued for another period of four weeks, when the patients were allowed to resume their ordinary dietary. After assumption of nitrogenous diet many of the patients became more dull and stupid, but changed for the better so soon as farinaceous food was adopted. Out of the twenty-four cases, there was in fourteen a decided decrease in the number of fits during the period of farinaceous diet; the average number of seizures for the farinaceous period was 10.7, as compared with 28.3 for the nitrogenous period. Of the remaining ten cases, four had the same number of fits under each diet. Dr. Merson believes that after making due allowance for the short period of observation and the limited number of cases